

- Your cheque or money order should be made payable to "The Minister of Finance."
- For new applications, attach a copy of business name, company or corporation registration documents (if applicable).
- You must be a resident of Manitoba to obtain and hold a Taxidermist Licence.
- Allow for a minimum of 14 working days for the processing of this application.
- For information on this or any other licence contact the WILDLIFE PERMITS CLERK.

SEND THIS APPLICATION AND FEE TO:  
**WILDLIFE LICENCES CLERK**  
MANITOBA CONSERVATION  
WILDLIFE AND ECOSYSTEM  
PROTECTION BRANCH  
BOX 24-200 SAULTEAUX CRESCENT  
WINNIPEG MB R3J 3W3  
TELEPHONE: 204-945-1893  
FAX NO.: 204-948-2756

**IS THIS A** (Check one)

- NEW APPLICATION **OR**  - LICENCE RENEWAL

For a renewal give the previous or last held  
Taxidermist Licence number.

**TX**

NAME OF APPLICANT (person / registered business name / registered company / corporation):		NAME OF CONTACT PERSON (if different from applicant)	
MAILING ADDRESS:			
CITY OR TOWN:	MB	POSTAL CODE:	TELEPHONE NUMBER:
		RESIDENCE	BUSINESS
<b>STREET ADDRESS OR LEGAL DESCRIPTION AND URBAN OR RURAL MUNICIPALITY WHERE BUSINESS WILL BE LOCATED:</b>			
BRIEFLY DESCRIBE ACTIVITIES OR PARTS YOU PROPOSE TO BUY OR SELL AND ANY OTHER INFORMATION THAT YOU FEEL WOULD BE HELPFUL IN ASSESSING THE APPLICATION:			
I hereby certify that the information provided in this application is accurate to the best of my knowledge and I understand the regulations respecting taxidermists, and request that a Taxidermist Licence be issued to me.			
SIGNATURE OF APPLICANT:		DATE SIGNED:	

**FOR DEPARTMENT USE ONLY**

Date received: \_\_\_\_\_ District sent too for comments: \_\_\_\_\_ Dated sent: \_\_\_\_\_

DISTRICT COMMENTS (attach sheet if insufficient space):

DATE: \_\_\_\_\_ OFFICER'S SIGNATURE: \_\_\_\_\_

REGION COMMENTS (attach sheet if insufficient space):

DATE: \_\_\_\_\_ DIRECTOR'S/ASSISTANT DIRECTOR'S OR REGIONAL WILDLIFE MANAGER'S SIGNATURE: \_\_\_\_\_